Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Name of Filing Committee, Candidate or Lobbylst: PAFT (PA FED TEACH) COM SUPT Street Address: 1816 CHESTNUT ST City: PHILADELPHIA State: PAFT (PA FED TEACH) COM SUPT State: PAT Code: 19103 TYPE OF report type) City: PHILADELPHIA State: PA Zip Code: 19103 TYPE OF report type) City: PATE OF ELECTION Note: To State: PATE OF ELECTION District OPT Code: District OPT Code: OPT Code: Party Code County mode office Sought by Candidate: PATE OF ELECTION District OPT Code: District OPT Code: OPT Code: Party Code County mode office Sought by Candidate: MO DAY VEAR FOR OFFICE USE ONLY Summary of Recelipts and Expenditures from: D DAY VEAR <th colspa<="" th=""><th>Name of Filing Committee, Candidate or Lobbyist: PAFT (PA FED TEACH) COM SUPT Street Address: 1816 CHESTNUT ST City: PHILADELPHIA TYPE OF REPORT OFH TUSDAY City: PHILADELPHIA State: PA Zip Code: 19103 PREPORT OFH TUSDAY City: PHILADELPHIA State: PA City: PHILADELPHIA State: PA City: PHILADELPHIA State: PA City: PHILADELPHIA State: PA Announce Announce Partex: PATE OF ELECTION Name of Office: Summary of Receipts and Expenditures from: 1 1 1 1 Total Monetary Contributions And Receipts (From Schedule I) \$ S. Total Monetary Contributions Received (From Schedule II) \$ S. Total Monetary Contributions Received (From Schedule II) \$ C. Total Funds Available (Subtract Line D From Line C) \$ S. Total Bance (Subtract Line D From Schedule III) \$</th><th>Filer Identificat Number :</th><th>ion 🤅</th><th>2000190</th><th></th><th></th><th>Repo</th><th></th><th>CANDI</th><th>DATE</th><th>СОМ</th><th>MITTEE</th><th>✓</th><th>LOB</th><th>BYIST</th><th></th></th>	<th>Name of Filing Committee, Candidate or Lobbyist: PAFT (PA FED TEACH) COM SUPT Street Address: 1816 CHESTNUT ST City: PHILADELPHIA TYPE OF REPORT OFH TUSDAY City: PHILADELPHIA State: PA Zip Code: 19103 PREPORT OFH TUSDAY City: PHILADELPHIA State: PA City: PHILADELPHIA State: PA City: PHILADELPHIA State: PA City: PHILADELPHIA State: PA Announce Announce Partex: PATE OF ELECTION Name of Office: Summary of Receipts and Expenditures from: 1 1 1 1 Total Monetary Contributions And Receipts (From Schedule I) \$ S. Total Monetary Contributions Received (From Schedule II) \$ S. Total Monetary Contributions Received (From Schedule II) \$ C. Total Funds Available (Subtract Line D From Line C) \$ S. Total Bance (Subtract Line D From Schedule III) \$</th> <th>Filer Identificat Number :</th> <th>ion 🤅</th> <th>2000190</th> <th></th> <th></th> <th>Repo</th> <th></th> <th>CANDI</th> <th>DATE</th> <th>СОМ</th> <th>MITTEE</th> <th>✓</th> <th>LOB</th> <th>BYIST</th> <th></th>	Name of Filing Committee, Candidate or Lobbyist: PAFT (PA FED TEACH) COM SUPT Street Address: 1816 CHESTNUT ST City: PHILADELPHIA TYPE OF REPORT OFH TUSDAY City: PHILADELPHIA State: PA Zip Code: 19103 PREPORT OFH TUSDAY City: PHILADELPHIA State: PA City: PHILADELPHIA State: PA City: PHILADELPHIA State: PA City: PHILADELPHIA State: PA Announce Announce Partex: PATE OF ELECTION Name of Office: Summary of Receipts and Expenditures from: 1 1 1 1 Total Monetary Contributions And Receipts (From Schedule I) \$ S. Total Monetary Contributions Received (From Schedule II) \$ S. Total Monetary Contributions Received (From Schedule II) \$ C. Total Funds Available (Subtract Line D From Line C) \$ S. Total Bance (Subtract Line D From Schedule III) \$	Filer Identificat Number :	ion 🤅	2000190			Repo		CANDI	DATE	СОМ	MITTEE	✓	LOB	BYIST	
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E. Ending Cash Balance (Subtract Line D From Line C) \$ 8,164.45 F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00 G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00 AFFIDAVIT SECTION PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I Super (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete. Sworn to and subscribed before me this Signature of Person Submitting Report M0 DAY YR Printed Name Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. Signature of Candidate	E. Ending Cash Balance (Subtract Line D From Line C) \$ 8,164.45 F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00 G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00 AFFIDAVIT SECTION PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , to correct and complete. Signature of Person Submitting Report day of 20 Email MO DAY YR Area Code Daytime Telephone Number Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 133 Signature of Candidate My Commission Expires Signature of Candidate	C. Total Funds	Available (Su	m Of Lines	A and B)			\$			9,664.45						
F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00 G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00 AFFIDAVIT SECTION PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete. Sworn to and subscribed before me this Signature of Person Submitting Report day of 20 Frail MO DAY YR Area Code Daytime Telephone Number Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. Signature of Candidate Signature of Candidate	F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00 G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00 Generation of the second of	D. Total Expen	ditures (From	Schedule 1	III)			\$			1,500.00						
G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00 AFFIDAVIT SECTION PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete. Sworn to and subscribed before me this Signature of Person Submitting Report day of 20 Signature Printed Name Signature Email MO DAY YR Area Code Daytime Telephone Number Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. Sworn to and subscribed before me this Signature of Candidate	G. Unpaid Debts And Obligations (From Schedule IV) \$ 0.00 AFFIDAVIT SECTION PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, to correct and complete. Sworn to and subscribed before me this Signature of Person Submitting Report	E. Ending Cash	n Balance (Sub	tract Line I	D From L	ine C)		\$			8,164.45	-					
AFFIDAVIT SECTION PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete. Sworn to and subscribed before me this Signature of Person Submitting Report day of 20 Signature Printed Name Signature Email MO DAY YR Area Code Daytime Telephone Number Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. Sworn to and subscribed before me this Signature of Candidate	AFFIDAVIT SECTION PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, to correct and complete. Sworn to and subscribed before me this Signature of Person Submitting Report	F. Value Of In-	Kind Contribu	tions Recei	ved (Fro	m Schedu	le II)	\$			0.00	_					
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I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete. Sworn to and subscribed before me this day of20	I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, to correct and complete. Sworn to and subscribed before me this					AFF	IDAV	IT SE	CTION								
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day of 20 Printed Name My Commission Expires Signature Email MO DAY YR Area Code Daytime Telephone Number Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. Sworn to and subscribed before me this 20	day of 20 Printed Name My Commission Expires Image: Signature Image: Signature MO DAY YR Area Code Daytime Telephone Number Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. Image: Signature Image: Signature I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 133 No 320) as amended. Signature of Candidate Sworn to and subscribed before me this Signature Image: Signature Printed Name My Commission Expires Signature Email Email			t, including t	he attache	ed schedule:	s filed o	n paper	or by elect	ronic med	lium, are to	the best o	of my knov	vledge	and beli	ef , true	
Signature Email My Commission Expires Imail MO DAY YR Area Code Daytime Telephone Number Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. Sworn to and subscribed before me this	Signature Email My Commission Expires Image: Signature of the second	Sworn to and sub		e this	20						Signatur	e of Perso	on Submitt	ing Rep	oort		
MO DAY YR Area Code Daytime Telephone Number Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. Sworn to and subscribed before me this Signature of Candidate	MO DAY YR Area Code Daytime Telephone Number Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. Iswear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 133) I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 133) Sworn to and subscribed before me this Signature of Candidate		Sig	gnature				_		Printed Name							
Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. Sworn to and subscribed before me this day of20	Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 133 No 320) as amended. Sworn to and subscribed before me this day of20 Printed Name Signature My Commission Expires Email	My Commission E	xpires							Email							
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. Sworn to and subscribed before me this day of20	I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 133 No 320) as amended. Sworn to and subscribed before me this		МО		DAY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber		
No 320) as amended. Sworn to and subscribed before me this day of20	No 320) as amended. Sworn to and subscribed before me this day of20	Part II- If this is	a report of a	candidate'	s authori	ized Comn	nittee,	Candid	ate shall	sign her	e.						
day of 20 Signature of Candidate	day of 20			t of my know	vledge and	l belief this	politica	l comm	ittee has n	ot violate	d any provis	sions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
	Signature My Commission Expires Email	Sworn to and subs		e this	20						9	Signature	of Candida	ite			
	My Commission Expires Email							_				Printe	ed Name				
		My Commission Ex	-							Email							
	MO DAY YR Area Code Daytime Telephone Number		M)	DAY	YR	<u>.</u>	_		Area Co	ode	D	aytime Te	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PAFT (PA FED TEACH) COM SUPT From: To: 6/9/2003 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 304.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 304.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 304.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Rep				Reporting Period						
PAFT (PA FED TEACH) COM SUPT From				om:			То:		<u>6/9/2003</u>	
					DAT	E			AMOUNT	
Full Name of Contributing Committee NEW CASTLE AREA SCHOOL DIST				мо	DAY		YEAR			
Mailing Address 420 FERN STREE	Т			5		15	2003	\$	152.00	
City NEW CASTLE	State	Zip Code (Plus	4)	-						
	PA	16101								
Full Name of Contributing Committee NEW CASTLE AREA SCHOOL DIST	-			мо	DAY		YEAR			
Mailing Address 420 FERN STREE	Т			5		15	2003	\$	152.00	
City NEW CASTLE	State	Zip Code (Plus	4)	5		10	2005			
	PA	16101								
									PAGE TOTAL	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE 3

\$

304.00

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)											
Name of Filing Committee or Candida	Name of Filing Committee or Candidate Reporting Period										
			Fror	m:		Тс):				
					DATE			AMOUNT			
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address	_	_					\$	0.00			
City	State	Zip Code (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$											

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Rej				Reporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
PAFT (PA FED TEACH) COM SUPT	From:	То:	<u>6/9/2003</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address] \$	0.0)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
				m:		То:	То:		
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ation		•		
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
PAFT (PA FED TEACH) COM SUPT						То:	<u>6/9/2003</u>
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
REP H WILLIAMS DEWEESE							
Mailing Address			5	22	2003	\$	1,000.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			CONTR				
To Whom Paid			мо	DAY	YEAR		
SENATOR ALLYSON Y SCHWARTZ							
Mailing Address			5	22	2003	\$	500.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			CONTR				
							PAGE TOTAL
Enter Grand Total of Expenditures o	n Page 1, Report C	over Page, Item D).			\$	1,500.00